

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029156

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 200

Primary Registration District No. 5731

Registrar's No. 104

FILED JUL 30 1963

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Macon	b. CITY (If outside corporate limits, give TOWNSHIP only) Ethel, White Twp	a. STATE Mo.	b. COUNTY Linn
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hi Wy 149 South of Ethel		d. STREET ADDRESS Ethel,	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	5. AGE (last birthday)
First Middle Last Roy Harrison Ball Jr.		Month Day Year July 5, 1963	21
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-9-1942
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY F. M. Stamper Co.	11. BIRTHPLACE (City and state or country) Ethel, Missouri
13a. FATHER'S NAME Harrison Ball		13b. MOTHER'S MAIDEN NAME Lucille Biswell	14. NAME OF HUSBAND OR WIFE Lucia Ball, wife
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. INFORMANT Lucia Ball, Bucklin, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Skull fracture + brain swelling Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <input checked="" type="checkbox"/> DUE TO (c) <input type="checkbox"/>			INTERVAL BETWEEN ONSET AND DEATH Sudden
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Car hit bridge about neck	
20c. TIME OF INJURY Hour a.m. p.m. 6:15 7/5/63	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) South Ethel	20f. CITY, TOWN, OR LOCATION Ethel, Missouri
21. I attended the deceased from _____, to _____ and last saw him alive on _____ Death occurred at 6:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Howard Shultz M.D. Coroner		22b. ADDRESS Macon	22c. DATE SIGNED 7/6/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 7, 1963	23c. NAME OF CEMETERY OR CREMATORY Bell Cemetery	23d. LOCATION (City, town, or county) Ethel, Missouri
24. FUNERAL DIRECTOR Larson Funeral Service, Bucklin, Mo.		25. DATE RECD. BY LOCAL REG. July 7, 1963	26. REGISTRAR'S SIGNATURE Ruth McNeely

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

AUG 1 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

E. A. Larson

Licensed Embalmer No. 4037

P. O. Address Bucklin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.